

Foster Family Home - Corrective Action Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-5

91-993 Keoneae Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 9/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/24/19.
Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

9/24/19

Date

9/24/19

Date